

September 3, 2008

# Montana Healthcare Programs Notice

## Physicians, Mid-Level Practitioners, and Pharmacy Providers

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### **SmartPA<sup>®</sup> Prior Authorization for Seroquel<sup>®</sup>**

Clinical studies of Seroquel<sup>®</sup> (quetiapine) indicate that average daily doses of 300 to 600 mg/day are needed in most patients for an antipsychotic effect. The official labeling indicates that Seroquel<sup>®</sup> should be initiated at low doses (25 mg twice daily in schizophrenia or 50 mg twice daily in bipolar mania) and increased as tolerated to a target dose range of 300 to 400 mg/day by day four. However, recent national trends have indicated an increase in the use of Seroquel<sup>®</sup> at doses well below these levels. This trend has only seemed to increase after the marketing in early 2006 of a new 50 mg tablet size. As an antipsychotic with prominent sedating action, it is speculated that much of this low dose use of Seroquel<sup>®</sup> is for hypnotic and/or anxiolytic effects. A study of Seroquel<sup>®</sup> and sleep in healthy subjects postulated much of the sedative effect to be related to its anti-histaminic activity. The risk/benefit ratio of using atypical antipsychotics for sleep or anxiety is questionable and the cost/benefit ratio clearly favors using more established, FDA-approved sedative/hypnotic or anxiolytic medications for these indications.

### **Approval Criteria**

Beginning October 6, 2008, Montana Medicaid will implement the following SmartPA<sup>®</sup> criteria for Seroquel<sup>®</sup>:

- Doses under 150 mg/day will be approved automatically for new starts and dose titrations only.
- Other low dose Seroquel<sup>®</sup> therapy will require clinical review before prior authorization will be granted.

If the claim denies for prior authorization and the prescriber or pharmacist wants to pursue obtaining a prior authorization, the prescriber or pharmacy may submit requests by mail, telephone, or fax to:

**Drug Prior Authorization Unit  
Mountain Pacific Quality Health Foundation  
3404 Cooney Drive  
Helena, MT 59602  
(406) 443-6002 or (800) 395-7961 (phone)  
(406) 443-7014 or (800) 294-1350 (fax)**

Any questions regarding this notice can be directed to Wendy Blackwood at (406) 444-2738 or the Medicaid Drug Prior Authorization Unit.

## **Contact Information**

For claims questions or additional information, contact Provider Relations:

**Provider Relations toll-free in- and out-of-state: 1-800-624-3958**

**Helena: (406) 442-1837**

**E-mail: [MTPRHelpdesk@ACS-inc.com](mailto:MTPRHelpdesk@ACS-inc.com)**

Visit the Provider Information website:

**<http://www.mtmedicaid.org>**